

Exhibit 73

Pills are killing pain and killing people

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ABSTRACT

[...] high unemployment and poverty, coupled with the advent of powerful new pain management medications, and an incomplete understanding of the addictive nature of these medications, gave rise to a 900 percent increase in pills dispensed since 2000. [...] Montgomery County has the highest overdose death rate per capita in the state.

FULL TEXT

Q: How did we reach this point that illegal drug or prescription drug abuse accounts for more accidental deaths in Ohio than traffic accidents?

Hall: Opiate use in Ohio has mushroomed into a crisis of serious proportions with deadly consequences. The rise of opiate addiction did not happen overnight. As early as 1997, opiate painkillers had begun to infiltrate Ohio communities.

Since then, high unemployment and poverty, coupled with the advent of powerful new pain management medications, and an incomplete understanding of the addictive nature of these medications, gave rise to a 900 percent increase in pills dispensed since 2000. Ohio's per-capita dosage rate, meanwhile, soared from seven pills for every man, woman and child to 67 in just a few short years. Combine this surge with the misperception that prescription medications are safer than heroin and it's easy to see how this situation inevitably snowballed.

Q: How high a priority is prescription abuse for the Kasich administration?

Hall: We are fortunate to have a governor who is very passionate about opiate addiction and determined to hold state government accountable for resolving the crisis. With Gov. Kasich's focus on jobs and the economy, it became apparent that opiate addiction posed a significant roadblock for recovery. ... As a member of his Cabinet, he has charged me with making the opiate epidemic priority No. 1 for this department. ...

Q: Is any specific age group more at risk? Are there demographics that make our state more prone to this problem?

Hall: It's important to note that Ohio is not alone in its struggle with opiate addiction. It's a national problem in scope. ... It's also important to understand that addiction does not discriminate. It crosses all age, gender, race and socio-economic boundaries.

That said, department-sponsored research suggests there are some groups who appear to be more at-risk of abusing opiate painkillers, namely white, Appalachians and suburban teens and young adults. However, from Ashtabula to Zanesville and everywhere in between, we've seen individuals of all ages struggle with pill addiction. The bottom line is, if you think your community is immune -- think again.

Southern Ohio is widely regarded as the epicenter of Ohio's opiate epidemic; however, prescription opiate abuse has become entrenched in communities across the state, region and nation.

While it is difficult to pinpoint any one reason, we can make educated assumptions. Poverty and unemployment most certainly have had an influence, as has the region's disproportionate per-capita dosage rates and proximity to major interstates and known drug distribution pipelines. Sharing borders with West Virginia and Kentucky are other likely factors since opiate addiction is damaging families and communities at high rates in those states, too. While southern Ohio certainly offers a window on the world of opiate addiction, it is not unique to that area; the problem

continues to spread throughout Ohio. In fact, Montgomery County has the highest overdose death rate per capita in the state.

Q: How will House Bill 93 affect Ohio communities? What more needs to be done?

Hall: House Bill 93 will eliminate many of the pill mills that prey on vulnerable Ohio citizens. This landmark legislation dramatically improves the way Ohio tracks prescriptions and effectively closes the door on doctor-shopping – the practice of going from doctor to doctor to find a medical professional willing to write a prescription. HB 93 also paves the way for tighter standards, disciplinary measures and establishes a state-sponsored "take back" program.

Q: How do we protect the rights of those who need these medications to relieve pain while also preventing their abuse?

Hall: Physician education has to be a part of the debate, and ultimately, play a significant role in the long-term solution. We need to do a better job of educating doctors, dentists and other medical professionals about the addictive nature of opiate medications. That is why we have enlisted the help of the Ohio State Medical Board and the Ohio State Board of Pharmacy to provide critical input and guidance to the Governor's Opiate Task Force. We need to look at ways to incorporate this information into the core curriculum of medical and dental schools.

Q: What are the prescription drugs most commonly abused and how are they being obtained?

Hall: The Ohio Substance Abuse Monitoring Network, developed by Wright State University and now operated by ODADAS, has revealed that the most culpable substances are the opiate family, which includes powerful and habit-forming painkillers like OxyContin, Percocet and Vicodin. Along with heroin, these substances accounted for nearly 40 percent of the state's 1,373 overdose deaths in 2009. According to OSAM, these medications are highly available in all regions of the state.

They can be obtained in many ways but, surprisingly, the most common culprit is the home medicine cabinet. These medications can also be obtained from supplies diverted to the streets, pain management clinics, doctors and dentists.

We've even heard of instances where elderly citizens are being recruited to obtain prescriptions for legitimate health concerns – only to turn around and sell the pills to dealers in exchange for money to pay the rent, put food on the table, etc. There's undoubtedly an underlying economic factor fueling some aspects of this crisis.

Q: What are the so-called "pill mills?" What's been done to combat them?

Hall: The term "pill mill" describes the unscrupulous pain management facilities that have been fueling the opiate epidemic, virtually unabated, for years. Until now, that is. In general, these clinics operate on a cash-only basis and provide a prescription to anyone who wants one with minimal questions asked.

In Ohio, we've even seen a few instances where individuals, previously convicted of drug trafficking offenses, were operating large-scale distribution centers – under the guise of legitimate medicine.

Q: What are the hidden costs of this epidemic?

Hall: Addiction exacts a huge economic and societal toll on individuals, families and communities. Drug abuse and overdose deaths are cutting short the lives and short-circuiting the livelihoods of far too many Ohioans in their prime.

Ohio's opiate and prescription drug epidemic has also severely strained law enforcement, criminal justice and health-care resources and stretched the capacity of Ohio's publicly funded alcohol and other drug addiction treatment services system.

Q: Who's profiting?

Hall: On average, prescription painkillers sell for around \$1/ mg on the streets, which makes them a very attractive "product" for dealers. In fact, the OSAM Network has detected a switch among dealers who previously peddled powder/crack cocaine to the more lucrative prescription painkillers. Considering many persons addicted to opiates may need upwards of 300 mg or more per day to feed their addiction, it's not uncommon to see individuals spend hundreds a day on this tragic addiction.

By aggressively attacking this issue with a carefully orchestrated approach rooted in treatment, education and

interdiction, we hope to send a clear message to dealers that Ohio is no longer open for business when it comes to opiate painkillers.

Philosophically speaking, all of Ohio will benefit when we put an end to this scourge by helping to get addicts onto the road to recovery where they can heal physically, emotionally and gain the vital job readiness and life management skills needed to become healthy, productive members of society again.

DETAILS

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